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CONFIRMATION NO. 7934

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|--|---|-------------------------------|---|--|--------------------------------|
| SERIAL NUMBER 10/696,781 | FILING OR 371(c) DATE 10/29/2003 RULE | CLASS 607 | GROUP ART UNIT 3762 | ATTORNEY DOCKET NO. 1023-224US01 | |
| APPLICANTS Jeffrey M. Sieracki, Silver Spring, MD; Richard B. North, Baltimore, MD; | | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/422,260 10/31/2002 and claims benefit of 60/503,214 09/15/2003 | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/08/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <u>56</u> Verified and Acknowledged <u> </u> Examiner's Signature <u> </u> Initials <u> </u> | | STATE OR COUNTRY MD | SHEETS DRAWING 8 | TOTAL CLAIMS 62 | INDEPENDENT CLAIMS 3 |
| ADDRESS 28863 | | | | | |
| TITLE Neurostimulation therapy manipulation | | | | | |
| FILING FEE RECEIVED 3170 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |